Signature

Name (Print/Type) Michael S. Sherrill

PTO/SB/17 (12-04v2) Approved for use through 07/31/2008. OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Penerwork Resturtion Ant of 1995, no nersons are required to respond to a collection of Information unless it displays a valid DAIR control number. Effective on 12/08/2004. Complete if Known CENTRAL PAX DENTER Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/771898 **Application Number** FEE TRANSMIT Filing Date 2/4/2004 005 For FY 2005 First Named Inventor Dennis Piper Examiner Name Lindsey, Rodney M Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT \$100.00 Attorney Docket No. AFF013USPT02 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 19-2020 Deposit Account Name: Sherrill Law Offices For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Ecc (\$) Fee (\$) 300 150 500 200 Utility 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 600 Reissue 150 250 300 **Provisional** 200 0 0 100 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Bach claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** Extra Claims _ - 20 or HP = Fee (\$) Fee Paid (\$) 19 HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = \$100.0 HP = highest number of Independent claims paid for, if greater than 3, APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge) SUBMITTED BY Registration No. 32,302

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Amendment and Response (15 Pages), Fee Transmittal (1 Page), Credit Card Payment Form (1 Page).

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Iza Gonzalez

| AMENDMENT & RESPONSE | | | | Docket No. AFF013USPT02 |
|--------------------------|----------------------|----------------------|-------------------------------|-------------------------|
| Serial No. 10/771,898 | | Filing Date 2/4/2004 | Examiner Lindsey, Rodney M | Group Art Unit 3765 |
| Applicant: | Dennis Piper | | | |
| Invention: | PROTECTIVE HEADGUARD | | | |

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This Amendment & Response is being filed in reply to the Office Action mailed June 15, 2005 to which a response is due on or before October 15, 2005 in light of the accompanying request for a one month extension of time.

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